

From: {{sender name and email}}

To: {{recipient name and email}}

Subject:

1. Discover an underlying factor linked to IBS-D
2. Find out what may be causing IBS-D and how to effectively diagnose it
3. Many patients with IBS-D may have something in common
4. Discover how you can diagnose and treat multiple symptoms of IBS-D

Preheader:

1. Learn the connection and about in-office diagnostic criteria
2. The answers may be more straightforward than you think
3. Studies show a likely culprit
4. Plus, clear diagnostic criteria
5. For your adult patients with IBS-D...

Links to: <https://www.xifaxan.com/hcp/ibsd/>

Links to: <https://shared.salix.com/globalassets/pi/xifaxan550-pi.pdf>

Links to: <https://www.xifaxan.com/hcp/#ISI>

Xifaxan
rifaximin 550 mg tablets

[Full Prescribing Information](#)

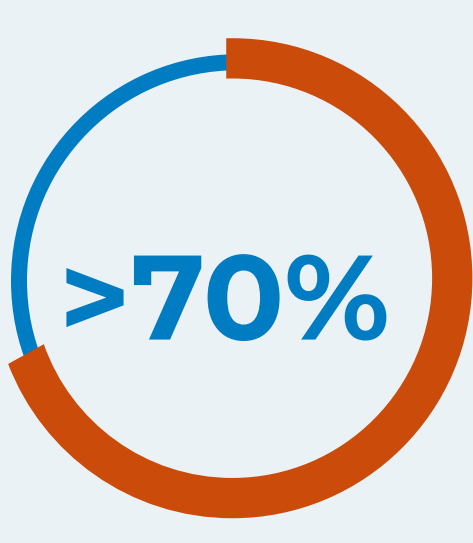
[Important Safety Information](#)

For your adult patients...

What likely causes IBS-D—plus, how to confidently diagnose it

Dear {{accFName}} {{accLName}},

According to an online survey conducted by the American Gastroenterology Association (AGA), more than 70% of patients diagnosed with IBS-D experienced multiple symptoms over the previous 12 months.^{1*}



Studies also show that many patients with IBS-D have a bacterial imbalance in the gut,²⁻⁴ which has been linked to multiple symptoms of IBS-D, such as abdominal pain, bloating, diarrhea, and urgency.⁷⁻¹⁰

SELECT IMPORTANT SAFETY INFORMATION:

- XIFAXAN is contraindicated in patients with a hypersensitivity to rifaximin, rifamycin antimicrobial agents, or any of the components in XIFAXAN. Hypersensitivity reactions have included exfoliative dermatitis, angioneurotic edema, and anaphylaxis.

Please see additional Important Safety Information below.

Explore more about the relationship between gut dysbiosis and IBS-D²⁻⁴

START NOW >

Link to: <https://www.xifaxan.com/hcp/ibsd/gut-dysbiosis/>

IMPORTANT SAFETY INFORMATION (cont'd)

- *Clostridium difficile*-associated diarrhea (CDAD) has been reported with use of nearly all antibacterial agents, including XIFAXAN, and may range in severity from mild diarrhea to fatal colitis. If CDAD is suspected or confirmed, ongoing antibiotic use not directed against *C. difficile* may need to be discontinued.
- There is an increased systemic exposure in patients with severe (Child-Pugh Class C) hepatic impairment. Caution should be exercised when administering XIFAXAN to these patients.
- Caution should be exercised when concomitant use of XIFAXAN and P-glycoprotein (P-gp) and/or OATPs inhibitors is needed. Concomitant administration of cyclosporine, an inhibitor of P-gp and OATPs, significantly increased the systemic exposure of rifaximin. In patients with hepatic impairment, a potential additive effect of reduced metabolism and concomitant P-gp inhibitors may further increase the systemic exposure to rifaximin.
- In clinical studies, the most common adverse reactions for XIFAXAN (alone or in combination with lactulose) were:
 - IBS-D (≥2%): Nausea (3%), ALT increased (2%)
- INR changes have been reported in patients receiving rifaximin and warfarin concomitantly. Monitor INR and prothrombin time. Dose adjustment of warfarin may be required.
- XIFAXAN may cause fetal harm. Advise pregnant women of the potential risk to a fetus.

To report SUSPECTED ADVERSE REACTIONS, contact Salix Pharmaceuticals at **1-800-321-4576** or FDA at **1- 800-FDA-1088** or

www.fda.gov/medwatch.

Links to: <https://www.fda.gov/safety/medwatch-fda-safety-information-and-adverse-event-reporting-program>

INDICATION

XIFAXAN® (rifaximin) 550 mg tablets are indicated for the treatment of irritable bowel syndrome with diarrhea (IBS-D) in adults.

Please click [here](#) for full Prescribing Information.

Links to: <https://shared.salix.com/globalassets/pi/xifaxan550-pi.pdf>

Discover how to use Rome IV criteria to help diagnose IBS-D in your adult patients¹¹⁻¹³

LEARN MORE >

Link to: <https://www.xifaxan.com/hcp/ibsd/diagnosis/>

*Data from the "IBS in America" online survey conducted September 14, 2015, through October 29, 2015, for the AGA by GfK Public Affairs & Corporate Communications with financial support from Ironwood Pharmaceuticals, Inc. and Allergan plc. Respondents with an IBS-D diagnosis (n=1001) and respondents with undiagnosed IBS-D (n=586) were asked the following question about a list of symptoms: "Which of the following symptoms have you experienced during the past 12 months?" Data shown reflect the responses of those with an IBS-D diagnosis. These symptoms are not inclusive of all the IBS-D symptoms reported within the survey and treatment was not assessed.

References: 1. American Gastroenterological Association. IBS in America: survey summary findings. December 2015. Accessed August 1, 2023. <http://www.multivu.com/players/English/7634451-aga-ibs-in-america-survey/docs/survey-findings-pdf-635473172.pdf> 2. Zhong W, Lu X, Shi H, et al. Distinct microbial populations exist in the mucosa associated microbiota of diarrhea predominant irritable bowel syndrome and ulcerative colitis. *J Clin Gastroenterol*. 2019;53(9):660-672. doi:10.1097/MCG.0000000000000961 3. Casén C, Vebo HC, Sekelja M, et al. Deviations in human gut microbiota: a novel diagnostic test for determining dysbiosis in patients with IBS or IBD. *Aliment Pharmacol Ther*. 2015;42(1):71-83. doi:10.1111/apt.13236 4. Kassinen A, Krogius-Kurikka L, Mäkituokko H, et al. The fecal microbiota of irritable bowel syndrome patients differs significantly from that of healthy subjects. *Gastroenterology*. 2007;133(1):24-33. doi:10.1053/j.gastro.2007.04.005 5. Pimentel M, Lembo A, Chey WD, et al; TARGET Study Group. Rifaximin therapy for patients with irritable bowel syndrome without constipation. *N Engl J Med*. 2011;364(1):22-32. doi:10.1056/NEJMoa1004409 6. Sundin J, Aziz I, Nordlander S, et al. Evidence of altered mucosa-associated and fecal microbiota composition in patients with irritable bowel syndrome. *Sci Rep*. 2020;10(1):593. doi:10.1038/s41598-020-57468-y 7. Serra J, Azpiroz F, Malagelada JR. Impaired transit and tolerance of intestinal gas in the irritable bowel syndrome. *Gut*. 2001;48(1):14-19. doi:10.1136/gut.48.1.14 8. Houghton LA, Lea R, Agrawal A, Reilly B, Whorwell PJ. Relationship of abdominal bloating to distention in irritable bowel syndrome and effect of bowel habit. *Gastroenterology*. 2006;131(4):1003-1010. doi:10.1053/j.gastro.2006.07.015 9. Törnblom H, Van Oudenhove L, Sadik R, Abrahamsson H, Tack J, Simrén M. Colonic transit time and IBS symptoms: what's the link? *Am J Gastroenterol*. 2012;107(5):754-760. doi:10.1038/ajg.2012.5 10. Chey WY, Jin HO, Lee MH, Sun SW, Lee KY. Colonic motility abnormality in patients with irritable bowel syndrome exhibiting abdominal pain and diarrhea. *Am J Gastroenterol*. 2001;96(5):1499-1506. doi:10.1111/j.1572-0241.2001.03804. 11. Lacy BE, Pimentel M, Brenner DM, et al. ACG clinical guideline: management of irritable bowel syndrome. *Am J Gastroenterol*. 2021;116(1):17-44. 12. Lacy BE, Patel NK. Rome criteria and a diagnostic approach to irritable bowel syndrome. *J Clin Med*. 2017;6(11):99. 13. Lembo A, Sultan S, Chang L, Heidelbaugh JJ, Smalley W, Verne GN. AGA Clinical Practice guideline on the pharmacological management of irritable bowel syndrome with diarrhea. *Gastroenterology*. 2022;163:137-151.

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